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DEPARTMENT OF HEALTH

GOVERNMENT OF THE PROVINCE OF ALBERTA

# ANNUAL REPORT

of

## THE BOARD OF VISITORS

### 1969

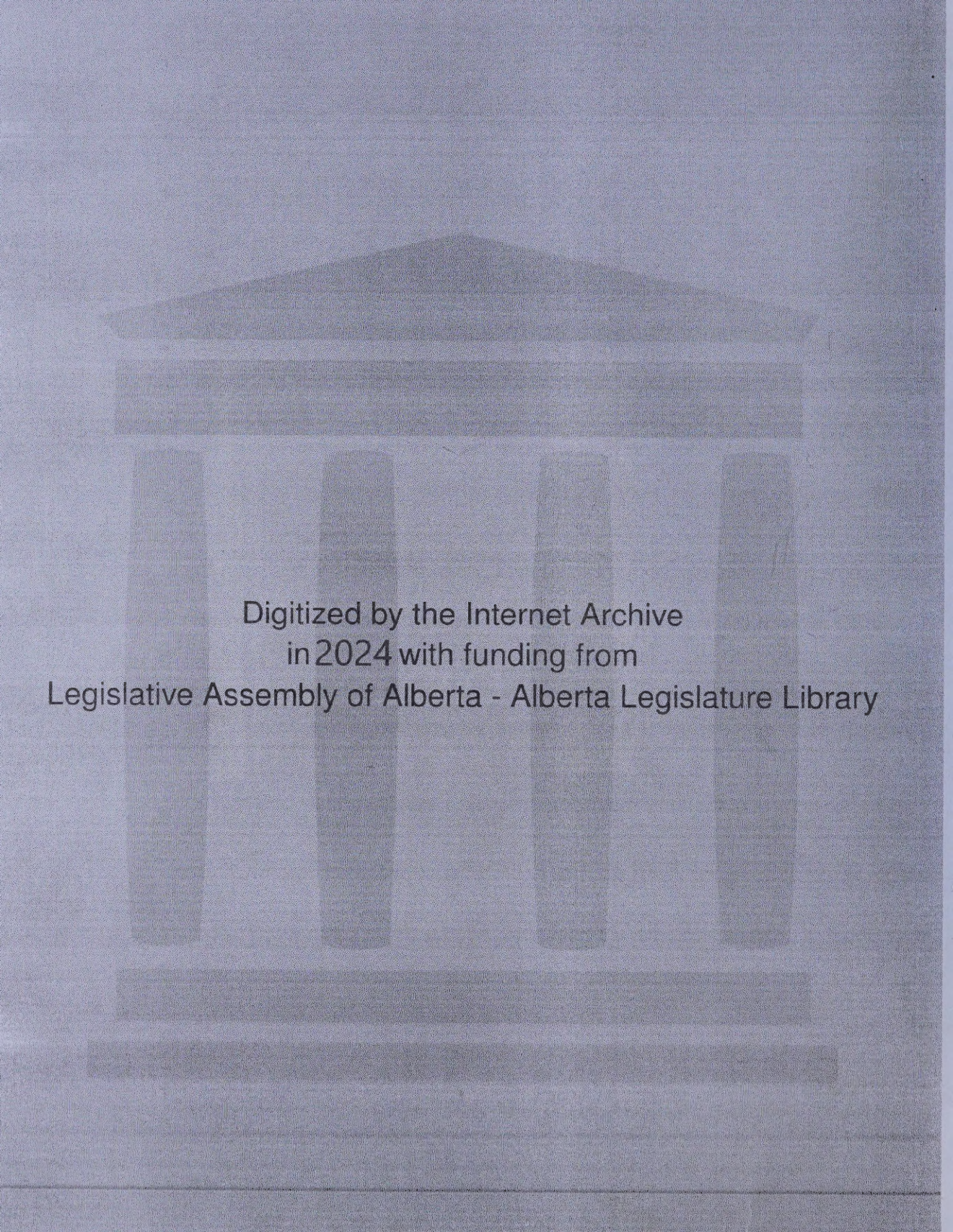
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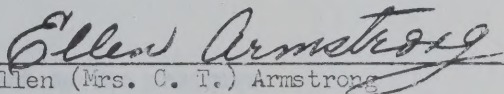
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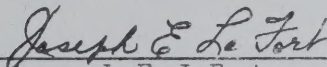
TO THE HONOURABLE J. D. HENDERSON

MINISTER OF HEALTH

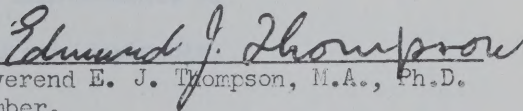
The Board of Visitors has the honour to  
submit its Report on Institutions for the year  
1969 pursuant to the Order-in-Council 2114/66,  
dated November 8, 1966.



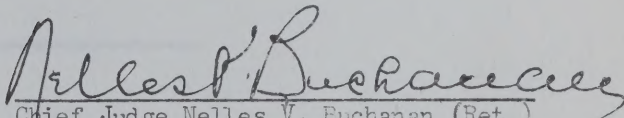
Ellen (Mrs. C. T.) Armstrong  
Chairman.



Monsignor J. E. LeFort  
Member.



Reverend E. J. Thompson, M.A., Ph.D.  
Member.



Chief Judge Nelles V. Buchanan (Ret.)  
Member.

Edmonton, Alberta,  
February 10, 1970.

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## BOARD OF VISITORS

### TERMS OF REFERENCE

1. To investigate annually and submit a report to the Minister of Health, for tabling in the Legislature, on their findings as to the care, treatment and rehabilitation and general attitudes of patients and the general attitude of staff in all institutions administered by the Department of Public Health.
  2. To investigate and report on the programs for prevention of disease in these various fields.
  3. To submit a report to the Minister regarding such recommendations for improvements of conditions that they feel are desirable.
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A.

I N T R O D U C T I O N

At every institution visited, The Report on the Alberta Mental Health Study, 1968, directed by Dr. W. R. N. Blair, Head of the Department of Psychology, University of Calgary, and familiarly known as "The Blair Report", had been studied and was commented upon, and adversely insofar as its reference to individual institutions is concerned. The chief criticism was of the superficiality of inspection used as the basis for the reports on individual institutions.

Although the Government has announced its approval of the general approach to mental health as advocated in the Blair Report, it is clear both from a reading of the Report and from public comment by its Director, that the implementation of its one hundred eighty-nine recommendations constitutes a formidable and lengthy task "to be undertaken in systematically planned phases to avoid disruption in the present system". (Blair Report Recommendation 188).

Quite mistakenly, many staff members of the institutions visited by this Board, have read into the Recommendations of the Blair Report one advising against further construction of any kind whatsoever at present mental institutions; no such recommendation is made. The Report does recommend that "the Province of Alberta should not plan on building any more mental hospitals now or in the foreseeable future". This Board of Visitors assumes that as long as the present mental





hospitals are used for the care of the mentally ill they will be adequately maintained and equipped, that where necessary they will be renovated and modernized, that those individual buildings which should be condemned, in whole or in part, will be condemned and where necessary, replaced. This Report is based upon that assumption.

Throughout the staffs of all institutions visited, there is uncertainty and apprehension as to the future, both engendered by the recommendations of the Blair Report. Morale of staffs generally would be improved, and future planning by them made possible, if governmental intentions in respect of each institution were soon disclosed. Staffs of mental institutions and guidance clinics are hopeful that in the making of its decisions as to the future, the opinions of those now responsible for the operating and functioning of these institutions will be sought.





B. BUILDINGS and EQUIPMENT

1. CAMROSE -- "ROSEHAVEN"

There are patients housed on the second floor of the main (original) building. We think that this should not continue and that the construction of the fifth villa or cottage unit should now proceed. Main floor alterations, presently in progress, will give proper space to the business offices.

The Department is to be complimented on the planning, construction and equipment of the fourth villa, Westrose, occupied in July 1969. In its plumbing, its lounges, its rugs, pictures, plants, it is thoroughly modern, most attractive. The new service building, containing cafeteria and bakery, occupied in November 1968, is equally satisfactory.

2. CLARESHOLM -- ALBERTA HOSPITAL

The new Dr. Randall MacLean Hall building with its occupational therapy areas and gymnasium recently completed, is adequate for its purposes -- its equipment is not. An inspection of the woodworking shop should be made and deficiencies in equipment made good.





3. OLIVER -- ALBERTA HOSPITAL

Car plug-ins. Once again we emphasize the need for an enlargement of the parking space and provision therein of plug-ins. It's ridiculous that professional people should be called upon to interrupt their work periodically during cold spells, to do warm-up duty.

Occupational Therapy:

Admittedly, occupational therapy is one of the most valuable aspects of the rehabilitation of mental patients, whether short or long term. This is an area both here and at Ponoka where, in spite of recent improvements, a change in the Department's methods is recommended. The Sheltered Workshop Society presently functioning at 9931 - 101A Avenue, Edmonton, in fairly extensive quarters, commenced on a very small scale in a church basement, outgrew those, moved to Jasper Avenue East and, still growing, to its present quarters.

It should be noted that the Workshop's survival isn't due to any advance of capital from Government: on the contrary, to the fine co-operation of the Occupational Therapy Department, the Social Service Department, and of several citizens, both government and non-government, who joined as incorporators: the imagination and energy of these groups get the credit. The fact that some eighty-six patients and former patients are presently





on the working list at the Workshop indicates the scope of its work.

The month-to-month tenancy of the premises at 9931 - 101A Avenue, Edmonton, is subject to an imminent building program. Premises suitable for the Workshop's purposes are now available and could be purchased. The Sheltered Workshop's record justifies government provision of new premises plus working capital.

4. PONOKA -- ALBERTA HOSPITAL

Opportunity Enterprises, Inc. This was a venture in co-operation between citizens of Ponoka and the Social Service Department of the Hospital -- the Community were involved. It had secured contracts in upholstering and the manufacture of rubberwear door mats -- patients were advancing toward re-entry into Society. It died. Why? Lack of working capital. A modest investment by government would have saved it -- the kind of an enterprise keenly desired by government, one involving the Community. The lease of the property occupied by Opportunity Enterprises is still effective: its business could be revived.

Infirmery: this is located in buildings Parkside I and II. Its toilet, bathtub, bedpan washing, ventilating and other facilities are poor -- they're not tolerable. We emphasize again the need and recommend the construction of a new and modern infirmery, adequate to meet the present and future needs of this institution.



5. RAYMOND -- ALBERTA HOSPITAL

Some essential improvements have been made in the building and its equipment since our last inspection. Kitchen cupboards are installed and a dishwasher verges on installation. The dining room has a new floor of Torqa chips, much needed overhaul of the shower and toilet facilities was to follow immediately after the completion of the dining room floor.

6. RED DEER -- DEERHOME and SCHOOL HOSPITAL

Deerhome:

Food carts are still manhandled: distances among the series of buildings justify the purchase of small tractors for this job.

Clinical Building: Its construction (the need set out in previous reports) in an institution caring for 1,365 patients, is strongly recommended.

Pool: The therapeutic value of a pool has long been recognized. If built, it would of necessity, be an indoor pool.

Parking: A new area has been gravelled: hard surfacing is recommended.

At present there are only eighty electric





outlets for cars, and for these \$3.00 and \$4.00 per month charges are indicated. There is no bus service to Deerhome. Free parking and more electric outlets might be of value in cutting down staff turnover. There is routine staff change at 11:00 p.m.

Public Works: The maintenance of the buildings and grounds are under Public Works. The Superintendent in charge of grounds does a highly creditable job: the flowers were magnificent. Sixty patients got supervision and experience in horticulture.

School Hospital:

Swimming Pool: It is sometimes suggested that the Red Deer City's pool facilities adequately supply the Hospital's need. We do not believe that this is so. The value of a pool for its therapeutic use is not denied. Its construction is desirable.

Narrow gauge railway: On September 21st the Hospital's model half-mile narrow gauge railway was officially opened: its object the entertainment and refreshment of the patients; its construction the result of the enterprise and imagination of the Alberta School Hospital Parents' Association and the assistance of CNR officials, active and retired, the Hospital staff and patients, and many others -- it has been described by one Railway Chairman "as important in its own way as the multi-million dollar Alberta Resources Railway".





Replacements: The Villas described as Fir, Birch and Cherry are ripe for demolition, housing some seventy-six patients each, they should be replaced by cottages housing not more than twenty patients each. Linden House, too, should be replaced.



C. CEREBRAL PALSY CLINIC

In spite of the totally inadequate fashion in which the Calgary Cerebral Palsy Clinic is housed, its cramped quarters, hemmed in by S.A.I.T. parking lot, it contrives to do good work on the scale permitted it.

Now that the Glenrose School Hospital, in Edmonton, is safely and generously launched on its way -- the envy, undoubtedly of Canada's other nine Provinces, attention should be turned to the needs of the Southern Part of this Province. Although Glenrose School Hospital is designed to serve the whole of the Province and the Northwest Territories, not more than one-fifth of its patients come from the area South of Red Deer. Undoubtedly parents in the South are reluctant to send their children so far North.

On December 5, 1969, Glenrose was serving one hundred ninety-two patients, including both in- and day-patients. An estimate, based on school age population indicates that likely some four hundred children in this Province would need the facilities of a School Hospital such as Glenrose. Those located in the South could not possibly be dealt with at the Calgary Clinic.

The Calgary Cerebral Palsy Clinic needs:

- (1) A few more speech therapists plus the equipment essential to their activities.





- (2) Additional occupational therapists.
- (3) Additional social workers.
- (4) A shift in maximum age for treatment of patients, from the present sixteen to twenty-one, or even older, if the patient is showing improvement.
- (5) Far prompter and more extensive assistance from Calgary Guidance Clinic in the counselling of patients' parents and the psychiatric treatment of our emotionally disturbed children.





D. STAFF PROBLEMS:

It has long been apparent that insofar as senior appointments are concerned, there will have to be a change in the basis of payment and in privileges granted appointees if continual staff losses are to be avoided. Salaries paid medical doctors, psychiatrists, psychologists, social workers, do not match those paid in the competitive field. Rigid adherence to Class and Grade and to salaries provided for Class and Grade loses many seemingly sound appointments. The fee basis on which the senior staff appointment was made at Oliver might very well be made general in respect of senior professional people.

Staff losses at Grande Prairie Guidance Clinic, inability to fill vacancies there promptly and without interruption to service; staff losses at Ponoka and Oliver, all add weight to our recommendation that the rigidities in terms of employment of professional staff be examined and relaxed.

In our 1968 Report we outlined a series of minor concessions and privileges, not costly in themselves, the granting of which we recommended as of value in the hiring and retention of staff; parking facilities with electric outlets and without charge, attendance at seminars, conferences and refresher courses at public expense with reasonable frequency. Concessions and privileges such as these, granted, win goodwill and upgrade the quality of service.



E. ALCOHOLISM

Alberta Hospital, Oliver, although not equipped to treat alcoholics and not equipped for the detoxification process, nevertheless does admit alcoholics and in all conditions. There is some uncertainty as to the channels through which these patients arrive at Oliver -- the channels can't be described as "official"; these patients come voluntarily or on doctor's certificate. The Division of Alcoholism sends no drunks to Oliver.

Although the Superintendent at Oliver is quite willing to receive and treat detoxified alcoholics, it is submitted that this is not the proper task of a mental hospital but rather of the Division of Alcoholism and of medical doctors in general hospitals. Detoxification or drying-out is a medical problem. No complaint is made of the attitude of most general hospitals to the admission of alcoholics. A letter from the Department to hospitals and the medical profession, via the College of Physicians and Surgeons, as to the appropriate routing of alcoholics, might stop the flow to Oliver and direct it to general hospitals and the Division's out-patient clinic.

It should be noted that the institution "Henwood", designed for the rehabilitation of alcoholics, is operated by the Division of Alcoholism on the City of Edmonton's outskirts, with a staff of approximately twenty-five, capacity of sixty-four beds, of



which forty-two are now occupied, and a full house shortly expected. Patients, both men and women, secure admission through the Division's outpatient department.





F. GUIDANCE CLINICS

1. GRANDE PRAIRIE:

This clinic, for which in our 1968 Report, we suggested independent status, lost its Director to Grande Prairie Junior College, and at present is again a sub-office, administered from the Edmonton Guidance Clinic: only two junior social workers on staff, all travelling curtailed and no services being supplied to the Peace River Area.

The fact that a Director, whether social worker or psychiatrist, has not been obtained for this Clinic, stresses the fact that whether by reason of inadequate salaries or unsatisfactory job classification, employment in this Guidance Clinic is not attractive.

2. EDMONTON:

In past Reports this Board has been critical of the fact that for administrative purposes the Glenrose School Hospital was associated with the Edmonton Guidance Clinic, it, in turn, being directed by the Division of Mental Health. We are assured that Glenrose School Hospital and the Guidance Clinic are now completely divorced, each pursuing its own task. The Guidance Clinic, as to the premises occupied by it, is a



a tenant of Glenrose Provincial General Hospital.

The Director reports that his Clinic is fully staffed, that their services are confined to children and are increasingly in demand.

3. RED DEER:

Demands upon the time and energies of the Director-Psychiatrist are steadily increasing. The two local hospitals, the Hobbema Indian Reserve, Deerhome, police cells, patients discharged from Alberta Hospital, Ponoka -- these, in addition to the normal case load at the Red Deer Clinic and at the out-of-town clinics of Rocky Mountain House, Stettler and Didsbury, call for the addition of another psychiatrist to the Clinic's staff.

Since active treatment hospitals are now in the market for psychiatrists, and on a large scale, the Department might well experiment here in a new hiring or employment technique, likely in a city Red Deer's size, to prove attractive: for example: (1) Salary plus time off for private practice on usual fee basis, or (2) certain definite hours at Clinic on an agreed paid basis plus private practice.

4. CALGARY:

The Director made a vigorous and well documented





presentation to the Visiting Board covering in detail: the activities of his professional staff, the increase in case load, the distribution of the work-hours of psychiatrists, psychologists, psychiatric social workers, based on a twelve months recording and need for a 40% increase in staff.

The Director did not lack applicants to join his staff: they were competent and qualified but were critical of salary scales paid by the Division, and more particularly of the restrictions on their freedom to do outside work and to associate with activities at the University of Calgary. The Director had been unable to convert Departmental staff to what he deemed the correct grading for prospective staff employees. The Director would like to see in the personnel department of the Division greater enthusiasm for the hiring of the outstanding in preference to the mediocre.

The Director urges that he be granted the privilege of making senior appointments to his staff, within the establishment and the classification and salary ranges prescribed by the Department. Sometimes prompt action in hiring is desirable. The turnover of staff is a persistent plague.

5. LETHBRIDGE and MEDICINE HAT:

Lethbridge:

The effectiveness of the Lethbridge Clinic and subsidiary in Medicine Hat was strengthened late in the year by the appointment



to staff of a Director-Psychiatrist. Prior to his arrival the Acting Director had been the senior psychiatric social worker, Grade III. It is to be hoped, in view of the effective service rendered by him during the psychiatric vacancy that a promotion in his Grade may be made.

Noteworthy facts: the 1969 work load exceeded that of 1968 and more children than adult patients were treated. Considerable assistance was given to the Probation Department where emotional problems were involved and in report to the Court. Staff is short a social worker.

Medicine Hat:

With the arrival on the scene of the new Director-psychiatrist, resident at Lethbridge, the Sub-unit at Medicine Hat takes on greater importance. Its role during the last year has been minor, without the services of a psychiatrist.

A medical man from Medicine Hat addressing the November 1969 Convention of the Alberta Hospital Association, is reported to have stated, when discussing the care of the mentally ill in his locality, that physicians of the Medicine Hat area had been able during the first ten months of 1969, to use their own hospital for treatment of three hundred seventy-six mental illness cases. The staff of the Clinic at Lethbridge would no doubt be happy to be relieved of their weekly visits to the



Medicine Hat Clinic. If a psychiatrist can be secured for appointment to the Medicine Hat staff, and possibly on a fee-for-service basis, then the possibility of employment there of a local General Practitioner, on a fee basis, to complete staff requirements, should be examined.





G. CHAPLAINCIES:

This Board is convinced of the need of chaplains in our mental institutions and has recommended their appointment; full time, at Alberta Hospitals, Edmonton, and Ponoka and at Deerhome, Red Deer; part time at Alberta Hospitals, Claresholm and Raymond, and at Rosehaven, Camrose.

It is now generally admitted among those engaged in the hospital field that as has been stated by the recently organized Hospital Pastoral Care Association of Alberta "pastoral care, which takes seriously the spiritual dimension of the patient's experience of illness, is an essential element of the health team's function and responsibility".

One of the barriers to the earlier appointment of hospital chaplains in the mental health field has undoubtedly been the existence of denominational prejudices. The organization of the Hospital Pastoral Care Association at Red Deer on February 10, 1969, with one hundred and five hospital chaplains and clergymen, of some seven denominations, administrators, nurses, doctors and hospital trustees present, may be taken as an indication of the passing of denominational prejudice. The way should now be open for a decision by government that chaplains, on the scale previously suggested, should now be appointed.



H. ADMINISTRATION:

In our tours of mental institutions and guidance clinics, during recent years, one of the complaints most vigorously expressed, has been that of the rigidity, the inflexibility of departmental rule.

Examples: a clash between local opinion and the Department as to whether Mr. X. should be moved up from Grade III to Grade IV in the Department's records -- a "No" from the Department, and without explanation. Purchase of supplies for institutions firmly concentrated in the Department: no purchases in excess of \$20.00 by an institution unless first approved by the Department. Maintenance of buildings is under Public Works, no control by the individual institution. A superintendent may desire a little imagination in the decor of a building: the painter says "white" and white it is. "Yes", says one senior administrator, "I'd like to get away from Edmonton's strings." A pharmacist complains of overpurchases by "headquarters" of certain drugs, a permanent burden on his shelves.

We recommend the granting of greater authority and liberty to institutions with less concentration of power in the Department.





I. ADOLESCENTS:

The necessity of withdrawing adolescents from the mixed populations of geriatrics, remands, alcoholics and the adult mentally ill in general, has been recognized both at Alberta Hospital, Ponoka and Edmonton. Separate adolescent wards or areas have been established at both places, the first move at Ponoka.

For the education of the adolescents so segregated, we are told that the Department of Education through County School Committees or School Boards, has recognized its responsibility to the extent of supplying a teacher or teachers. But the wheels grind slowly. Even in September of 1969 the Director of the Social Service Department, Ponoka, was still involved in negotiations addressed both to the School Committee of the County and the Department of Health. The School Committee was ready to supply and pay a teacher but required that the Hospital become responsible for supplies, an initial expenditure of some \$2,500.00. Alas, that item was not in the estimates! Here again, an example of the Department's inability to act promptly. Result, for lack of the necessary supplies, the teacher was not appointed. Once again, the estimates procedure must be followed. Once again, the usual budget slashing will ensue and the required school supplies may or may not be supplied, and a teacher may or may not be appointed: do the adolescents wait yet another year for a teacher?



J. CHILDREN, THEIR WELFARE:

In their more sentimental moments citizens and governments, by their spokesmen, admit the prior claim of handicapped children on the public funds. But is that claim, in fact, being recognized adequately?

At Red Deer School Hospital three villas, each housing seventy-six youngsters, should be torn down, now, and replaced by cottages, housing not more than twenty youngsters each.

At this moment there is a waiting list of four hundred at Red Deer School Hospital, this in spite of the fact that in 1968 there were two hundred and four admissions. While the four hundred wait, the condition of the handicapped child deteriorates and during a five-year waiting period the desperation of the parents mounts.

At Calgary, now a University City; a University with Departments of Medicine, Psychology, Education Psychology, Psychiatry, Social Welfare and Nursing; a well staffed and well equipped Guidance Clinic; a city admirably furnished with those services necessary to the operation of a modern cerebral palsy clinic and school; what have we? A cerebral palsy clinic so meanly housed, so inadequately equipped as to make service therein, to the highly qualified, seeking employment,



out of the question. They just naturally gravitate to Glenrose School Hospital -- twenty speech therapists there; one half-time speech therapist in Calgary! A Glenrose School Hospital is now needed in Calgary.



K. BAKER MEMORIAL SANATORIUM

During 1969 Baker Sanatorium was surveyed by the Canadian Accreditation Council and accredited, a notable accomplishment, first to be accredited among similar institutions in the Province.

At long last approach roads are completely paved. Staff, visitors and out-patients for the first time in twenty years, ride on pavement from City Centre to the Sanatorium. Buildings and grounds are in better condition than at any time during this Board's experience.

Noise and transients are no longer a problem; reduction in the use of the neighbouring C.P.R. yards is accountable.

T.B. admission rates have dropped by fifteen to twenty per cent, reflecting the excellence of the T.B. control programme in this Province. T.B. in-hospital patients total thirty-six. Those paediatric wards devoted to the service of the Division of Mental Health in the care of some one hundred and twenty-five physically and mentally impaired children, are fully occupied.

Once more this Board urges that more plug-ins be installed. The majority of the Sanatorium's staff live in Calgary: they drive cars. They're entitled to know that their cars will start, for the trip home.





As the use of the Sanatorium for T.B. patients gradually dwindles, it would be of considerable satisfaction to staff members if an early decision by the Department as to the future of the Sanatorium were made and communicated, only then would planning become possible.



I. ABERHART MEMORIAL SANATORIUM

In our last Report we made specific recommendations as to the immediate use of one hundred and thirty-seven unoccupied beds, as to the disposition of those few patients who abscond and the care of the T.B. mental patient. There has been progress in these areas.

The Superintendent at Alberta Hospital, Oliver, has finally been advised that Aberhart is now prepared to accept, from Oliver, mental patients affected by T.B. Psychiatric nurses will, of course, be required at Aberhart.

We were advised by the newly appointed Superintendent at Aberhart that a Respiratory Disease Center had been established at the University Hospital; that a respiratory specialist would be shared between Aberhart and the Faculty of Medicine; that consideration was being given to the conversion of one section of the Aberhart building into a respiratory treatment center. This would require limited renovations, mainly in a re-arrangement of bathroom facilities. Certainly the use, whether for respiratory or psychotic cases, of some one hundred and thirty-seven beds should no longer be delayed.



M.

ACKNOWLEDGMENTS

The year 1969 was one of extensive staff changes, in all institutions administered by the Department of Health, and in all ranks of staff.

In newspapers, at conventions, professional and hospital, on the public platform, the operation of mental hospitals, the care of the mentally ill, the physically handicapped, were second only to education, as popular subjects for discussion, mostly critical.

To those labouring in these institutions, from the senior to the most junior employee, who in spite of public clamor, stuck with the job and rendered sound and loyal service, we extend our thanks and express our admiration.

We are particularly grateful for the warm welcome and the kindly courtesy extended to us by Hospital and Clinic





staff throughout our annual tour of inspection.

Ellen Armstrong  
Ellen (Mrs. C. T.) Armstrong  
Chairman.

Joseph E. LeFort  
Monsignor J. E. LeFort,  
Member

Edmund J. Thompson  
Reverend E. J. Thompson, M.A., Ph.D.  
Member.

Nelles V. Buchanan  
Chief Judge Nelles V. Buchanan (Ret.)  
Member.



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